

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,912,952.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,912,952.48
YTD Amount:	\$	20,127,987.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	7,971.55
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,656.55
YTD Amount:	\$	48,509.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	103,310.38
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	41,283.98
YTD Amount:	\$	403,724.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	666,723.12
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	71,663.82
YTD Amount:	\$	1,631,643.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	106,226.44
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	14,830.54
YTD Amount:	\$	277,023.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200179A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00118558
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	84,240.20
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	4,241.40
YTD Amount:	\$	182,093.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.02081557
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,479,029.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,479,029.49
YTD Amount:	\$	10,219,830.12

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	99,598.52
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	21,462.72
YTD Amount:	\$	297,529.18

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	385,628.53
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	32,099.73
YTD Amount:	\$	896,981.80

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,806,475.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,806,475.45
YTD Amount:	\$	12,482,426.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	95,549.87
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	16,756.57
YTD Amount:	\$	266,269.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	671,142.68
County Medical Services Program Offset	\$	671,142.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,213,059.44

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	665,046.96
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	25,604.76
YTD Amount:	\$	1,398,146.03

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	129,945.68
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	19,919.98
YTD Amount:	\$	347,773.23

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REMITTANCE ADVICE

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,230,389.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,230,389.52
YTD Amount:	\$	8,501,773.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	331,466.19
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	48,182.89
YTD Amount:	\$	873,956.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00205164
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	145,777.23
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	43,480.93
YTD Amount:	\$	495,817.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	104,451.51
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	35,740.21
YTD Amount:	\$	378,188.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.32827788
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	23,325,456.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,325,456.13
YTD Amount:	\$	161,174,785.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	326,567.73
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	38,353.03
YTD Amount:	\$	815,449.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	773,456.88
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	865.98
YTD Amount:	\$	1,481,495.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	55,658.02
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	12,151.82
YTD Amount:	\$	167,056.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	210,782.40
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	45,282.50
YTD Amount:	\$	628,973.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	407,501.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	407,501.79
YTD Amount:	\$	2,815,765.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	61,388.52
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	14,485.12
YTD Amount:	\$	189,663.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	87,615.98
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	50,685.08
YTD Amount:	\$	420,756.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00843637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	599,437.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	599,437.83
YTD Amount:	\$	4,142,006.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	326,076.75
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	19,780.05
YTD Amount:	\$	721,648.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	206,806.93
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	20,727.63
YTD Amount:	\$	498,602.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,922,401.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,922,401.72
YTD Amount:	\$	27,103,103.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	254,964.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	254,964.49
YTD Amount:	\$	1,761,759.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	87,677.79
County Medical Services Program Offset	\$	87,677.79
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	156,083.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.03234151
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,297,993.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,297,993.62
YTD Amount:	\$	15,878,726.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,379,309.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,379,309.95
YTD Amount:	\$	16,440,611.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	125,142.43
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	16,541.33
YTD Amount:	\$	321,708.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,552,585.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,552,585.78
YTD Amount:	\$	17,637,915.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.06138058
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,361,335.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,361,335.67
YTD Amount:	\$	30,136,062.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.06260937
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,448,646.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,448,646.11
YTD Amount:	\$	30,739,363.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01414136
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,004,800.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,004,800.18
YTD Amount:	\$	6,942,996.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	334,571.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	334,571.96
YTD Amount:	\$	2,311,833.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,032,416.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,032,416.74
YTD Amount:	\$	7,133,817.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	616,733.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	616,733.79
YTD Amount:	\$	4,261,521.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,482,171.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,482,171.98
YTD Amount:	\$	17,151,370.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	418,260.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	418,260.79
YTD Amount:	\$	2,890,108.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	571,553.39
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	35,452.09
YTD Amount:	\$	1,268,827.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	20,325.71
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	6,736.91
YTD Amount:	\$	72,503.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00227385
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	161,566.14
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	24,362.74
YTD Amount:	\$	430,372.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	814,531.78
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	127,419.08
YTD Amount:	\$	2,192,707.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,317,765.33
County Medical Services Program Offset	\$	1,317,765.33
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,514,415.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	816,810.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	816,810.48
YTD Amount:	\$	5,644,016.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	318,740.42
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	19,128.62
YTD Amount:	\$	704,381.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	214,679.71
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	23,449.81
YTD Amount:	\$	527,250.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	90,824.06
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	29,674.36
YTD Amount:	\$	321,828.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	727,363.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	727,363.44
YTD Amount:	\$	5,025,948.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	166,292.65
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	20,760.65
YTD Amount:	\$	421,391.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	964,123.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	964,123.90
YTD Amount:	\$	6,661,925.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	265,288.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	265,288.63
YTD Amount:	\$	1,833,097.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	260,124.43
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	20,566.43
YTD Amount:	\$	599,620.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	87,584.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,584.71
YTD Amount:	\$	605,191.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00559311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	397,412.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,412.83
YTD Amount:	\$	2,746,056.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200179A
PAYMENT ISSUE DATE: 1/25/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2012 TO: 1/15/2013

Total amount collected:	\$105,983,002.60	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$71,053,998.96	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	133,323.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,323.59
YTD Amount:	\$	921,242.47